

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2392

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 15
VFD-1226-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$523	06

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$523.06

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____
(Signature or initials) *EE*

\$523.06

Date 2-11-59 *Payee _____

(Sign original only)

Per _____

Title _____

Contract No. _____ Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____, for Treasurer of the United States in favor of _____
(payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

2/01/59

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No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			Work Order	NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.		
99	01	27	0	20			10	36	3744				1	50	25	00	00	12501	3032	31		3740
86	01	28	9	1410	4593		02	02	264				1	50	25	00	00	12501	3032	31		2976
86	01	28	9	1415	4582		02	02	264				1	50	25	00	00	12501	3032	31		3150
93	01	29	9	1642	4593		02	10	264				1	50	25	00	00	12501	3032	31		372
93	01	29	9	1657	4582		02	10	264				1	50	25	00	00	12501	3032	31		1662
90	01	30	9										1	50	25	00	00	12501	3032	31		1792
97	01	30	9	1111	45401		02	04	2047				1	50	25	00	00	12501	3032	31		6600
																						20292*
																						20292***

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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040203-7

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